

APPLICANT INFORMATION		FOR OFFICIAL USE ONLY
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (LAST) (FIRST) (MIDDLE) </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (STREET, P.O. BOX) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (CITY) (STATE) (ZIP CODE) </div>	Social Security No.* _____ Home Phone _____ Work Phone _____ <div style="font-size: x-small; text-align: center;">*Strict confidentiality of Social Security Number will be maintained.</div>	Class Code _____ Class Title _____ Received by _____ Agency _____ Accepted / Rejected _____ Date _____ Reason _____ In-House Posting Yes _____ No _____



STATE OF NEW HAMPSHIRE
The State of New Hampshire Is an equal opportunity employer.
Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

APPLICATION FOR EMPLOYMENT

Please print neatly or type the application.

Be sure you have filled in the "Applicant Information" section at the top of this application.

You are encouraged to provide a copy of your current resume, but

RÉSUMÉS WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION FOR EMPLOYMENT.

Position for which you are applying: _____ Position Number (if known): _____ Agency where position is located: _____

Will you accept employment anywhere in the State? Yes _____ No _____ If you answered "NO," please circle up to three counties in which you will accept employment.

Merrimack 00100 Belknap 00200 Hillsborough 00300 Rockingham 00400 Cheshire 00500 Coos 00600 Strafford 00700 Sullivan 00800 Grafton 00900 Carroll 01000

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? Yes _____ No _____

Have you been employed by a NH State agency before? Yes _____ No _____ If yes, when? _____

For what State agency were you employed? _____ In what position? _____

What was your reason for leaving? _____

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.

IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF CONVICTION.

Please note: Conviction is not an automatic disqualifier for employment. Each case is considered individually.
 WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

EDUCATION

Please circle the highest school grade completed: 8 9 10 11 12 or G.E.D. 13 14 15 16 17 18

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

If the position for which you are applying requires postsecondary education credits,
YOU MUST SUBMIT COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.

Name of School	Major	Degree or Certificate Earned

INFORMATION TECHNOLOGY TRAINING/EXPERIENCE

Please list below your training/experience in information technology (i.e., data processing, word processing, spreadsheet design or development, database development or management). Note any specific software applications or programming languages in which you are proficient:

VETERAN'S PREFERENCE

You may be eligible for veteran's preference points upon INITIAL application/entry into the classified State service for military duty performed during qualifying periods of war/armed conflict. To request veteran's preference points, PROOF OF ELIGIBILITY FOR VETERAN'S PREFERENCE MUST BE SUBMITTED WITH THE APPLICATION.

Please check one of the following if you wish to request veteran's preference points:

- | | |
|---|--|
| <input type="checkbox"/> War veteran (5 points) | <input type="checkbox"/> Disabled war veteran with 10% or more service-connected disability. (10 points) |
| <input type="checkbox"/> Unremarried surviving spouse of a war veteran (5 points) | <input type="checkbox"/> Unremarried spouse of a war veteran whose death was service-connected (10 points) |
| <input type="checkbox"/> Spouse of disabled war veteran with service-connected <u>total</u> disability (5 points) | |

LICENSES AND CERTIFICATION

Please list any license or special certification that you hold, specifying license/certificate number and date of expiration:

CDL # _____	Class _____	Expires <u> </u> / <u> </u> / <u> </u>	LPN # _____	Expires <u> </u> / <u> </u> / <u> </u>
PE/EIT# _____		Expires <u> </u> / <u> </u> / <u> </u>	RN # _____	Expires <u> </u> / <u> </u> / <u> </u>
Other: _____		Expires <u> </u> / <u> </u> / <u> </u>	Other: _____	Expires <u> </u> / <u> </u> / <u> </u>

(Unless otherwise prohibited by law, please include with your application a photocopy of any license or certificate.)

CREDIT FOR CERTIFICATION THROUGH TRAINING or EXAMINATION

If you have completed approved coursework and have achieved special certification through training or examination (i.e., Certified Public Manager or Certified Public Supervisor) please complete the following:

(Title or Certificate Earned)	(Date Certificate Earned)	(Certifying State, Agency or Organization)
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IN ORDER TO RECEIVE CREDIT FOR CERTIFICATION, YOU MUST SUBMIT PROOF OF COURSE COMPLETION AND THE CERTIFICATE EARNED.

EXPERIENCE - WORK HISTORY

In the sections below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. *You should emphasize work experience most pertinent to the position for which you are applying.* If more space is needed, please attach additional sheets. You are encouraged to submit a current résumé with your application.

PLEASE NOTE: RÉSUMÉS WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

Employer: _____	Address: _____	Phone: _____
Your Job Title: _____	Supervisor's Name/Title: _____	
Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____	Hours Worked Per Week: _____	May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____		

How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____		
Reason you left this position: _____		

Employer: _____	Address: _____	Phone: _____
Your Job Title: _____	Supervisor's Name/Title: _____	
Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____	Hours Worked Per Week: _____	May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____		

How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____		
Reason you left this position: _____		

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Employer: _____ Address: _____ Phone: _____
Your Job Title: _____ Supervisor's Name/Title: _____
Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____ Hours Worked Per Week: _____ May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____

_____ I have enclosed a copy of my current résumé.

I understand that in order for my application to be considered, the Affirmation below must be completed.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this State, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my services may be immediately terminated. I understand that I may be required to sign a facsimile of this form before I may begin employment in this or any other position.

By checking this box, you are certifying that you have read and agreed to the above statement

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

ORIGINAL SIGNATURE AND DATE IS REQUIRED UPON HIRE

Applications are available in modified formats for persons with disabilities. Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examinations Section.

UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:

DEPT OF ENVIRONMENTAL SERV.
ATTN: HUMAN RESOURCES UNIT
29 HAZEN DRIVE
CONCORD NH 03301
PHONE: (603) 271-8875
FAX: (603) 271-0900

RECRUITMENT/EMPLOYMENT SURVEY

Please complete the following to assist in our recruitment efforts.

I learned of this career opportunity through:

_____(B89) Private Employment Agency
_____(F89) New Hampshire Division of Personnel
_____(C89) Newspaper (name) _____
_____(E88) Radio/TV advertisements
_____(D88) "Opportunities in NH State Government" bulletin
_____(D89) In-house posting within my agency
_____(E89) Job Fair
_____(A89) N.H. Employment Security
_____(G89) Other (please explain)

